

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2						52			
3	2					53			
4	2					54			
5						55			
6						56			
7						57			
8						58			
9						59			
10	7					60			
11						61			
12						62			
13	1					63			
14	1					64			
15						65			
16						66			
17						67			
18						68			
19						69			
20	1					70			
21						71			
22	8					72			
23	8					73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	24	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]